CCM Supply Chain Baseline Assessment - Tigray, Ethiopia 2010
SC4CCM Project Goal

SC4CCM will identify, demonstrate, and institutionalize supply chain management practices that improve the availability and use of selected essential health products in community-based programs.

– In partnership with MOH, PFSA, RHBs, ZHDs, CCM and supply chain stakeholders
Project Objectives

- Conduct a baseline assessment and develop an implementation plan.
- Test, identify, and implement supply chain interventions.
- Collaborate with partners to institutionalize improved supply chain practices.
- Ensure capacity to procure quality, affordable CCM products.
- Share lessons learned.
Principles – SC4CCM
Theory of Change

If effective and efficient supply chain systems can be created to ensure that community health workers have consistent access to sufficient quantities of high quality, affordable essential medicines, they will be able to dramatically improve care and treatment for children.
Improving Supply Chains for Community Case Management of Pneumonia and Other Common Diseases of Childhood (SC4CCM) Theory of Change Model

1. Sick children receive appropriate treatment for common childhood illnesses*

3. Necessary, usable, quality CCM products are available at CHW resupply point/s

5. CHWs have adequate storage, correct conditions, a security and adequate space

8. Adequate quantities of CCM products are available at all distribution points

10. Resupply point/s are motivated and performing their roles correctly

13. Reliable, timely and appropriate transport is available to deliver or collect goods between resupply point and CHWs

18. CHWs collect and report timely, accurate logistics data

21. Appropriate and secure storage space for CCM products is available

27. CHWs have knowledge of and can communicate feedback reports

30. Funds are allocated for procurement based on quantification and demand data

32. High-quality, child-friendly CCM products are available from global, regional, or local markets

33. Funding and procurement procedures are aligned

35. Staff are trained in procedures for CCM product supply chain

37. Spare parts are available for transport

40. Drivers are trained in SC transportation, appropriate product handling & maintenance procedures

44. Visibility of program, supply chain friendly and supply chain performance exist

46. Streamlined procedures for ordering, reporting, inventory control, storage and disposal of expired / damaged health products exist and are documented

47. Streamlined transportation procedures for maintaining vehicles and distribution of goods exist and are documented

48. Streamlined procedures for maintaining feedback and supervision in the CCM exist and are documented

50. High-quality, child- and supply chain friendly CCM products are available from global, regional, or local markets

51. Sufficient funding for procurement commodities exists

53. Sufficient funding for procurement commodities exists

54. Government designates a budget line / or donor provides sufficient funding for program and these funds are allocated and disbursed when needed

57. CCM Policy – MOH commitment to child survival, organizational support and structure, staffing of CHWs exists

1. CHWs have usable, quality medicines available when needed for appropriate treatment of common childhood illnesses*

2. CHWs have adequate storage, correct conditions, a security and adequate space

4. CHWs, or person responsible for CHW resupply, know how, where, what, when and how much of resupply point/s each product to requisition or resupply and act as authorized

6. Goods are routinely transported between resupply point/s and CHWs

9. Transport is available to deliver or collect goods between resupply point and CHWs

11. Staff at all resupply points and CHWs are motivated to perform their roles

15. Feedback is communicated to CHWs

16. Timely procurement of quality CCM products occurs

19. Liaison person/s designated to know how, when, and where to requisition for CCM products

22. Tools and resources needed to implement procedures are provided

25. Supervisors have knowledge of and distribute incentives when needed

26. Supervision and the procedures for providing logistics data are maintained on schedule

29. Product specifications are determined for procurement

31. Routine quantification for procurement is done

32. High-quality, child-friendly CCM products are available from global, regional, or local markets

34. Mechanism for communication between stakeholders exist

36. CHWs are motivated in procedures and or resupply for CCM product supply chains

38. Drivers are trained in SC transportation, appropriate product handling & maintenance procedures

41. Staff at resupply point/s are trained in procedures for CCM product supply chain

43. CCM product selection is based on standard treatment algorithms and supply chain considerations

45. CCM product selection balances on standard treatment algorithms and supply chain considerations

48. Streamlined procedures for ordering, reporting, inventory control, storage and disposal of expired / damaged health products exist and are documented

52. Streamlined procedures for routine quantification and pipeline monitoring exist and are documented

53. Manufacturers have information on estimated demand for acceptable formulations of CCM products, including viable packaging

55. Strategy or Plan to achieve Commodity Security for CCM exists

58. High-quality, child- and supply chain friendly CCM products are available from global, regional, or local markets

59. Manufacturers have information on estimated demand for acceptable formulations of CCM products, including viable packaging

62. High-quality, child- and supply chain friendly CCM products are available from global, regional, or local markets

63. High-quality, child- and supply chain friendly CCM products are available from global, regional, or local markets

65. Unit/s exists that plan, manage and coordinate resources, services and other data collection tools available for CHWs

67. Streamlined transportation procedures for maintaining vehicles and distribution of goods exist and are documented

68. Streamlined procedures for maintaining feedback and supervision in the CCM exist and are documented

69. Defined CCM incentive system that includes supply chain performance data and is

70. CCM Policy – MOH commitment to child survival, organizational support and structure, staffing of CHWs exists

A. Supply Chains / Community Case Management
GOAL LEVEL OBJECTIVES
Sick children receive appropriate treatment for common childhood illnesses

Main Country Level Objective:
CHWs have usable and quality medicines available when needed for appropriate treatment of common childhood illnesses

Precondition 1: Necessary, usable, quality CCM products are available at CHW resupply point/s

Precondition 2: CHWs, or person responsible for CHW resupply, know how, where, what, when and how much of each product to requisition or resupply and act as needed

Precondition 3: CHWs have adequate storage: correct conditions, security and adequate space.

Precondition 4: Goods are routinely transported between resupply points and CHWs

Precondition 5: CHWs are motivated to perform their roles in the CCM product supply chain

Derived from the main country level objective and immediate preconditions

SC4CCM Core Indicators

Supply Chains 4 Community Case Management
Methodology

Both qualitative and quantitative methods were applied:

– Logistics System Assessment Tool (LSAT)
– Key informant interviews
– Logistics Indicators Assessment Tool (LIAT)
  • Mobile phones
  • Build local capacity partnering with local evaluation group, JaRco.
LSAT

- Two day group assessment
- Participants:
  - 36 FMOH and RHB participants
    - from Tigray: RHB (1), Woreda – Kilte Awulaelo (2), HC – Negash (2), HP (1)
  - 9 participants from partner organizations - Ethiopian Pharmaceutical Association, USAID|DELIVER, MSH/SPS, Save-USA, Ethiopian Public Health Association, UNICEF, SCMS, JaRco
# LIAT Sampling

<table>
<thead>
<tr>
<th>Levels of Administration / Facility</th>
<th>Tigray</th>
<th>Amhara</th>
<th>SNNP</th>
<th>Oromia</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Health Bureau (RHB) / Warehouse</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
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<tr>
<td>Zonal Health Dept (ZHD)</td>
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<td>3</td>
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<td>6</td>
<td>7</td>
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<tr>
<td>Health Center (HC)</td>
<td>9</td>
<td>29</td>
<td>18</td>
<td>18</td>
<td>74</td>
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<tr>
<td>Health Post (HP)</td>
<td>27</td>
<td>82</td>
<td>56</td>
<td>80</td>
<td>245</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>40</strong></td>
<td><strong>125</strong></td>
<td><strong>84</strong></td>
<td><strong>111</strong></td>
<td><strong>360</strong></td>
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</table>

**Supply Chains 4 Community Case Management**
Limitations

• Lack of national/regional database with facilities names
• Data collected during rainy season – some sampled health posts, health centers inaccessible
• Some upgraded health centers not yet functional
• Predictable challenges associated with multi-lingual survey
  – Three languages (Amharic, Oromiffa, Tigrinya)
Baseline Results by Core Indicators
Tracer Products

1. cotrimoxazole 120mg tablets
2. cotrimoxazole 240mg/5ml suspension (bottles)
3. amoxicillin 250mg capsules
4. amoxicillin 125mg/5ml suspension (bottles)
5. Coartem (lumefantrine / artmether) 1 x 6 tablets
6. Coartem (lumefantrine / artmether) 2 x 6 tablets
7. chloroquine 50mg/5ml syrup (bottles)
8. malaria RDTs
9. zinc 20 mg tablets
10. ORS sachets or Oral Rehydration Salts
11. Plumpynut (RUTF) sachets
12. male condoms
13. Depo Provera or Petogen (DMPA) vials
14. Combined oral contraceptives (COC or pills)
Describing the HEW Sample – National

- 241 HEWs manage at least one product
- 230 HEWs manage both COCs and DMPA
- 121 HEWs manage ORS, RUTF, COCs and DMPA
- 71 HEWs manage ORS, RUTF and any ACT, COCs and DMPA
Describing the HEW Sample - Tigray

- 23 HEWs manage at least one product
- 22 HEWs manage both COCs and DMPA
- 11 HEWs manage ORS, RUTF, COCs and DMPA
- 10 HEWs manage ORS, RUTF and any ACT, COCs and DMPA
Main Country Level Objective:

HEWs have usable and quality medicines available when needed for appropriate treatment of common childhood illnesses.
<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>Tigray</td>
<td>64%</td>
<td>14 of 22 HPs manage both COCs and DMPA and have all in stock</td>
</tr>
<tr>
<td>National</td>
<td>41%</td>
<td>49 of 121 HPs have all in stock</td>
</tr>
<tr>
<td>National</td>
<td>20%</td>
<td>14 of 71 HPs have all in stock</td>
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<tr>
<td>National</td>
<td>74%</td>
<td>171 of 230 HPs have all in stock</td>
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</tbody>
</table>

**HPs who manage ORS, RUTF, COCs and DMPA have all in stock**

2 of 10 (20%) HPs with ORS, RUTF, COCs, DMPA and any ACT have them all in stock

5 of 11 (45%) HPs who manage ORS, RUTF, COCs and DMPA have all in stock

National - 49 of 121 (41%)
In Stock on DOV at HP by Product

Tigray

In stock (n=23)  Manage

% Managed

ACT 1x6  ACT 2x6  RDTs  ORS  RUTF  Male Condom  DMPA  COC

10%  10%  18%  55%  30%  82%  68%

National

% in stock  % who manage (n=241)

ACT 1x6 tablets  ACT 2x6 tabs  RDTs  ORS sachets  RUTF  Male condoms  DMPA  COC

10%  18%  22%  56%  36%  57%  67%  77%
Regional Variations of In Stock Rates at HP Level

COC & DMPA  ORS & RUTF  RUTF, ORS & ACT

FP better established and better supplied
ACT is a limiting factor for availability of all 3 products at HEW level

Amhara  Oromia  SNNPR  Tigray  TOTAL

Regions
Reported Reason for Stockout

Tigray
- Resupply point didn’t have any – 45%
- resupply point does not give me enough health products - 45%
- more and more people are coming to the health post - 25%
- do not receive all the health products ordered – 15%

National
- 85% of HEWs reported shortages at the resupply point as the reason for their stockouts
- 26% of HEWs reported increase in demand
PRECONDITION 1:
Necessary, usable, quality CCM products are available at HEW resupply point/s

Product availability at the resupply point appears to be strongly linked to product availability at the Health Post Level for:

- COC (pills)
- ACTs
- RUTF
- DMPA
- ORS
Product Availability at all Levels

**National**
- **RHB (6 total)**
  - 67% had two key FP products
- **ZHD (9 total)**
  - 100% had two key FP products
- **WHO (26 total)**
  - 78% of 23 who manage had two key FP products
- **HCs (74 total)**
  - 78% of 73 who manage had two key FP products
- **HPs (~3 per HC, 244 total)**
  - 74% of 230 who manage had two key FP products

**Tigray**
- **RHB**
  - 0% of who manage Them had all two key FP products
- **WHO (3 total)**
  - 100% of 2 who manage had two key FP products
- **HCs (9 total)**
  - 89% had two key FP products
- **HPs (~3 per HC, 27 total)**
  - 64% of 22 who manage had two key FP products

Availability of DMPA and COCs on Day of Visit
Product Availability at All Levels – National

- **RHB (6 total)**
  - 100% of 3 who manage had ORS & RUTF
  - ZHD (9 total)
    - 78% had ORS & RUTF
  - WHO (26 total)
    - 64% of 22 who manage had ORS & RUTF
  - HCs (74 total)
    - 42% of 57 who manage had ORS & RUTF
- **RHB (6 total)**
  - 100% of 3 who manage had ORS, RUTF and either ACT
  - ZHD (9 total)
    - 78% had ORS, RUTF and either ACT
  - WHO (26 total)
    - 50% of 20 who manage had ORS, RUTF and either ACT
  - HCs (74 total)
    - 28% of 43 who manage had ORS, RUTF and either ACT
- **HCs (74 total)**
  - 42% of 57 who manage had ORS & RUTF
  - HPs (~3 per HC, 244 total)
    - 47% of 125 who manage had ORS & RUTF
- **HCs (74 total)**
  - 28% of 43 who manage had ORS, RUTF and either ACT
  - HPs (~3 per HC, 244 total)
    - 24% of 75 who manage had ORS, RUTF and either ACT

Availability of ORS and RUTF on day of visit
Availability of ORS, RUTF and ACTs on day of visit
Product Availability at all Levels – in Tigray

RHB
100% had ORS, RUTF and either ACT

WHO (3 total)
0% had ORS, RUTF and either ACT

HCs (9 total)
33% of 6 who manage ORS, RUTF and either ACT

HPs (~3 per HC, 27 total)
20% of 10 who manage had ORS, RUTF and either ACT

RHB
100% had ORS & RUTF and either ACT

WHO (3 total)
33% had ORS & RUTF

HCs (9 total)
57% of 7 who manage had ORS & RUTF

HPs (~3 per HC, 27 total)
55% of 11 who manage had ORS & RUTF

Availability of ORS, RUTF and ACTs on day of visit
Product Availability at All Levels - National

- ACT1x6 tablets
- ACT2x6 tabs
- RDTs
- ORS sachets
- Plumpynut/RUTF
- Male condoms
- DMPA
- combined OC

Supply Chain Community Case Management
% of Resupply Points and HPs in Stock on DOV

Tigray

National

RUTF ORS sachets Male condoms DMPA COCs ACT 1x6 tabs ACT 2x6 tabs

% in Stock

RUTF ORS sachets Male condoms DMPA COCs ACT 2x6 tabs ACT 1x6 tablets

% in Stock

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Resupply HP

Resupply HP

Supply Chains 4 Community Case Management
LSAT Results
Precondition 1

3. Necessary, usable, quality CCM products are available at CHW resupply point/s

8. Adequate quantities of CCM products are available at all distribution points in country

16. Timely procurement of quality CCM products occurs

30. Funds are allocated for procurement based on quantification and disbursed regularly

33. Funding and procurement cycles are aligned

34. Mechanism for communication between stakeholders exists

31. Routine quantification for procurement is done

38. RDTs, Coartem, Chloroquine – don’t arrive in either a timely manner or in enough quantities because products are donated

39. “Central level do not provide information on stock status at the health post level and health facility level”

“Budget constraints, transportation, failure to request on time and poor stock management system”

“Health post requirements are not forecasted separately from the other levels”

52. Streamlined procedures for routine quantification and pipeline monitoring exist and are documented

Community Case Management
PRECONDITION 2:
HEWs, or person responsible for HEW resupply, know how, where, what, when and how much of each product to requisition or resupply and act as needed.

- Several distribution and information systems operate concurrently
- Supply chain capacity and skills are generally low, very little formal training reported
- Necessary tools to manage the logistics system are insufficient
Flow of Commodities and Information - National

- **PFSA Central**: 83% to FMOH or other Programs
- **FMOH or other Programs**: 67% to Regional Health Bureau
- **Regional Health Bureau**: 100% to PFSA Hubs
- **PFSA Hubs**: 50% to NGO
- **ZHD**: 100% to WHO
- **WHO**: 23% to Regional Health Bureau, 5% to PFSA Hubs, 12% to NGO
- **Health Center**: 73% to WHO, 100% to Other Health Center
- **Other Health Center**: 1% to HP, 1% to Health Center
- **HP**: 34% to Community Case Management
Flow of Commodities and Information - Tigray

PFSA Central → Regional Health Bureau (100%)

Regional Health Bureau → WHO (67%, 100%)

WHO → NGO (33%)

NGO → HP (32%)

HP → Health Center (26%, 32%, 100%, 63%, 76%, 89%, 100%)

Supply Chains and Community Care Management
SCM Formal Training (Tigray & National)

% who reported receiving formal training on how to manage health products

– 100% of RHB respondents
  • 50% of RHB respondents
– 33% of WHO respondents
  • 31% of WHO respondents
– 11% of HC respondents
  • 8% of HC respondents
– 30% of HEW respondents
  • 11% of HEW respondents
Standard Operating Procedures (Tigray & National)

A copy of any written guidelines or procedures for ordering, reporting, and inventory control of health commodities were observed at:

- 100% RHBs
  - 67% of RHBs
- 0% of WHOs
  - 15% of WHOs
- 11% of HCs
  - 11% of HCs
- 4% of HPs
  - 8% of HPs

Key Message:

Very few lower level facilities in the system have SOPs to reference.
Stock Keeping Documentation

Tigray

- HP (244)
- HC (26)
- WHO (26)
- ZHD (9)
- RHB (6)
- no documentation used
- stock card
- bin card
- other

National

Supply Chains, Community Case Management

SCACCM
Types of Reports Submitted - National

- LR (logistics report): 25 respondents (63 total)
- Activity report: 65 respondents (23 total)
- Other: 28 respondents (33 total)
- Quarterly Drug Report: 13 respondents (50 total)
- Medical Product Request Form: 10 respondents
- Bi-monthly report for Family Health: 10 respondents
- Monthly Request Form: 5 respondents
- Logistics report and request form: 5 respondents
- Another standard form: 10 respondents

Respondent Counts:
- HP (n=217)
- HC (n=60)
- WHO (n=21)
- ZHD (n=8)
- RHB (n=6)
Types of Reports Submitted - Tigray

- **Other**: 67% (HEW 28%, HC 22%, WHO)
- **Bi-monthly Report for Family Health**: 56% (HEW 56%, HC 0%, WHO 0%)
- **Another Standard Form**: 44% (HEW 0%, HC 33%, WHO 33%)
- **Medical Product Request Form**: 33% (HEW 20%, HC 33%, WHO 0%)
- **Quarterly Drug Report**: 33% (HEW 16%, HC 33%, WHO 0%)
- **Activity Report**: 40% (HEW 40%, HC 0%, WHO 0%)
- **Logistics Report and Request Form**: 20% (HEW 20%, HC 11%, WHO 0%)
- **Monthly Request Form**: 12% (HEW 12%, HC 11%, WHO 0%)
Resupply Procedures for HEWs
Tigray (National)

7% (32%) of HEWs report being resupplied every month,
while 55% (51%) seek resupplies only when they need them.

33% (41%) of HEWs report using a standard request form.
4. **CHWs**, or person responsible for CHW resupply, know how, where, what, when and how much of each product to requisition or resupply and act as needed

18. CHWs routinely collect and report timely, accurate logistics data

19. LMIS forms or other data collection tools are available for CHWs

12. Tools and resources needed to implement procedures are provided

36. CHWs are trained in procedures and processes for CCM product supply chain

46. Streamlined procedures for ordering, reporting, inventory control, storage and disposal of expired/damaged health products exist and are documented

**LSAT Results**

Precondition 2

"No financing for logistics training for HEWs"

"Lack of standardization throughout the country"

"HEWs do not collect dispensed-to-user data"
PRECONDITION 3:
HEWs have adequate storage: correct conditions, security and adequate space.

Standards for appropriate storage conditions are not fulfilled at all levels
Satisfactory Storage Conditions

Health products are stored:
• separately to damaged and/or expired health products
• in an area free of rodents or insects
• securely with a lock and key, and with limited access
• in an area that is protected from direct sunlight
• at the appropriate temperature
• on shelves or stacked off the floor in stacks and away from walls
• in a clean, dry, well-lit and well-ventilated storeroom
• in an area that is accessible during all normal working hours.
• so that first-to-expire, first-out (FEFO) is observed
• separately to insecticides and chemicals
Adequate Storage Conditions

Tigray

National

Supply Chains 4 Community Case Management
5. **CHWs** have adequate storage: correct conditions, security and adequate space.

**LSAT Results Precondition 3**

- **HPs have adequate storage**
- **Insufficient shelving at HPs**

- 20. Appropriate and secure storage space for CCM products is available
- 21. Secure and suitable storage containers or shelving for CCM products are procured where needed
PRECONDITION 4:
Goods are routinely transported between resupply points and HEWs

• Health posts are generally located in remote areas that are difficult to reach particularly during rainy season

• 54% of 13 HEWs in Tigray with problems related to collecting or receiving health products reported lack of transport as the major constraint
In Tigray of HEWs who collect products **44%** use public transport and **37%** walk on foot to get to their resupply point.*
Travel Time and Road Condition - National

- National

- Travel Time and Road Condition

- % travel time to HP from HC by data collector

- 5 hours or more
- between 3-5 hours
- 3 hours
- between 1-3 hours
- 1 hour
- between 30 minutes to 1 hour
- less than 30 minutes

- % of travel time to HP from HC by data collector

- All tarmac
- About half tarmac, rest in good condition
- About half tarmac, rest in bad condition
- All dirt in good condition
- All dirt in bad condition

- 0% 10% 20% 30% 40%
Reported Problems Collecting/Receiving Products

Resupply point runs out of health products takes too long to go to the resupply point no transport available to collect

Tigray - HEWs

National

Shortage at resupply point No Transport Available Distance Rainy Season Problems Carrying Resupply Point Can't Deliver

HEW (121) HC (46) WHO (19)

Supply Chains 4 Community Case Management
LSAT Results
Precondition 4

6. Goods are routinely transported between resupply points and CHWs

13. Reliable, timely and appropriate transport is available to distribute or collect goods between resupply point and CHWs

24. Adequate transport procured or hired when necessary for purpose of CCM product distribution

47. Streamlined transportation procedures for maintaining vehicles and distribution/collection of goods exist and are documented

HEW both collect and receive deliveries, but mostly collect. Sometimes HEW Supervisors distribute to HEWs when they visit.

Not enough funding for fuel, vehicles, spare parts, etc
Supply Chains  | Community Case Management

• High rates and frequency of supervision
  – Supervision not identified as a source of motivation

• 37% of HEWs report high levels of job satisfaction

PRECONDITION 5:
The CCM product supply chain is motivated to perform their roles in
HEWs are motivated to perform their roles in
100% supervisors reported providing supervision to HEWs at least every month

89% HEWs reported receiving a supervisory visit at least every month

96% at the health post

11% at the village or community
Who do HEWs Receive Supervision From? - Tigray

81% Health Extension Worker Supervisors

30% Woreda Health Office Focal Person

15% Woreda Health Officer
Reported Areas of Supervision

Tigray

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<thead>
<tr>
<th>Area</th>
<th>HEWs reported (n=27)</th>
<th>Supervisor reported (n=9)</th>
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<tbody>
<tr>
<td>Recording forms</td>
<td>66%</td>
<td>89%</td>
</tr>
<tr>
<td>Reporting forms</td>
<td>72%</td>
<td>72%</td>
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<tr>
<td>How to store health products</td>
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<td>How to order health products</td>
<td>74%</td>
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<td>What to do when your health products are low</td>
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<tr>
<td>Other</td>
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<td>21%</td>
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National

<table>
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<tr>
<th>Area</th>
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<td>Other</td>
<td>4%</td>
<td>21%</td>
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</table>
Sources of Motivation for HEWs

- 32% Getting training
- 19% Helping society
- 15% Community participation and support
- 14% Getting supervision and feedback
- 13% Having/needling sufficient products/materials/equipment
- 5% Need incentive/salary/house
- 2% Other

Supply Chains 4 Community Case Management
LSAT Results
Precondition 5

1. CHWs are motivated to perform their roles in the CCM product supply chain

14. Supportive supervision of CHWs with SC component is performed regularly

15. Feedback is communicated to CHWs

26. Supervision tools are available

27. CHW Supervisors know of and distribute incentives when appropriate

28. CHWs have knowledge of incentives

39. Transportation and other resources available to conduct supervision

40. Supervisors are trained in supportive supervision and the procedures and processes for CCM product supply chain

41. Staff responsible for providing logistics feedback reports are trained and produce reports

48. Streamlined procedures for providing feedback and supervision to the CHWs exist and are documented

49. Defined CHW incentive system that includes supply chain performance exists and is documented

"Different job aids for supervisors of HEWs"

"No funds for different planned activities."

"Lack of incentives/motivation mechanisms"
Access to Communication Technology - Tigray

• Cell phones are widely (100%) available at HEW level

however…

• only 44% of HEWs have adequate network coverage
• only 52% of HEWs have a source to recharge their phones
Discussion
Next Steps

• Ethiopia Data Validation Regional Meetings, November 12 to 23, 2010
  – Review data
  – Identify and discuss major SC challenges at HP level
  – Obtain input on potential areas of interventions

• Following the meeting
  – Disseminate results of baseline assessment
  – Share recommendations
  – Develop intervention strategy
    • with inputs from MOH policy makers and stakeholders
Thank you